

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 097673645 FILING DATE 01 OCT 2000

APPLICANT(S) *Alax*

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/				51			/			
2				/			52				/		
3				/			53						
4				/			54						
5				/			55						
6				/			56						
7				/			57						
8				/			58						
9				/			59						
10				/			60						
11				/			61						
12				/			62						
13				/			63						
14				/			64						
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17				/			67						
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37				/			87						
38				/			88						
39			/				89						
40				/			90						
41				/			91						
42				/			92						
43							93						
44			/				94						
45				/			95						
46			/				96						
47				/			97						
48			/				98						
49				/			99						
50				/			100						
TOTAL IND.			7				TOTAL IND.			1			
TOTAL DEP.			42				TOTAL DEP.			1			
TOTAL CLAIMS			49				TOTAL CLAIMS			2			